

**APPLICATION DATA SHEET****Application Information**

Application number:: To be assigned  
Filing Date:: June 23, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: No  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: Yes  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 3  
Title :: METHODS AND NUCLEIC ACIDS FOR ANALYSES OF COLORECTAL CELL PROLIFERATIVE DISORDERS  
Attorney Docket Number:: 47675-47  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 52  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency:: No  
Contract or Grant No:: None

Secrecy Order in Parent Appl.?:: No

## **First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full capacity  
Given Name:: Cathy  
Middle Name::  
Family Name:: Lofton-Day  
Name Suffix::  
City of Residence:: Brier  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 23908-35<sup>th</sup> Ave. W.  
City of mailing address:: Brier  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98036

## **Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full capacity  
Given Name:: Andrew  
Middle Name::  
Family Name:: Sledziewski  
Name Suffix::  
City of Residence:: Shoreline  
State or Province of Residence:: WA

Country of Residence:: US  
Street of mailing address:: 17736-15<sup>th</sup> Ave. NW  
City of mailing address:: Shoreline  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98177

### **Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full capacity  
Given Name:: Jörn  
Middle Name::  
Family Name:: Lewin  
Name Suffix::  
City of Residence:: Berlin  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Lützowufer 24  
City of mailing address:: Berlin  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 10787

#### **Fourth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Fabian
Middle Name::	
Family Name::	Model
Name Suffix::	
City of Residence::	Seattle
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	734 Broadway Ave. E., Apt. 306
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98102

#### **Fifth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Tamas
Middle Name::	
Family Name::	Rujan
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	

Country of Residence:: DE  
Street of mailing address:: Vinetastr. 7  
City of mailing address:: Berlin  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 13189

### **Correspondence Information**

Correspondence Customer Number:: **22504**  
Name:: Barry L. Davison  
Street of mailing address:: 1501 Fourth Avenue, Suite 2600  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98101-1688  
Phone number:: 206-628-7621  
Fax Number:: 206-628-7699  
E-Mail address:: [barrydavison@dwt.com](mailto:barrydavison@dwt.com)

### **Representative Information**

Representative Customer Number::	<b>22504</b>
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### **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	